

Name
in
Full

Sarah E. Boulden

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County.	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	"
Father's Name	Mother's Birthplace		
Mother's Maiden Name	How related to deceased		
Name of person giving information	Father		

Waukegan, Ill.
Feb. 18, 1906
Female - Negro
School Girl
Single
Solomon, Boulden
Marsh.
Sue, Boulden

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	phthisis pulmonalis	How long	one or two years
Immediate	Exhaustion	How long	2 or 3 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. Adams
		Address	Quincy, Ill.
Accident or Suicide?			

125

6/10 6/10

6

03

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Don't know				
Mother's Maiden Name	Barclay, Md				
Name of person giving information	Alex Bratcher	(93)	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lobar Pneumonia		How long
Immediate	Pneumonococcal infection of Endocardium		One week 2 days.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long
		Geo H. Betson Jr. M.D.	
		Address	
		Barclay, Md.	

Accident or Suicide?



Name
in
Full

Harry Broadcoax

CERTIFICATE OF DEATH

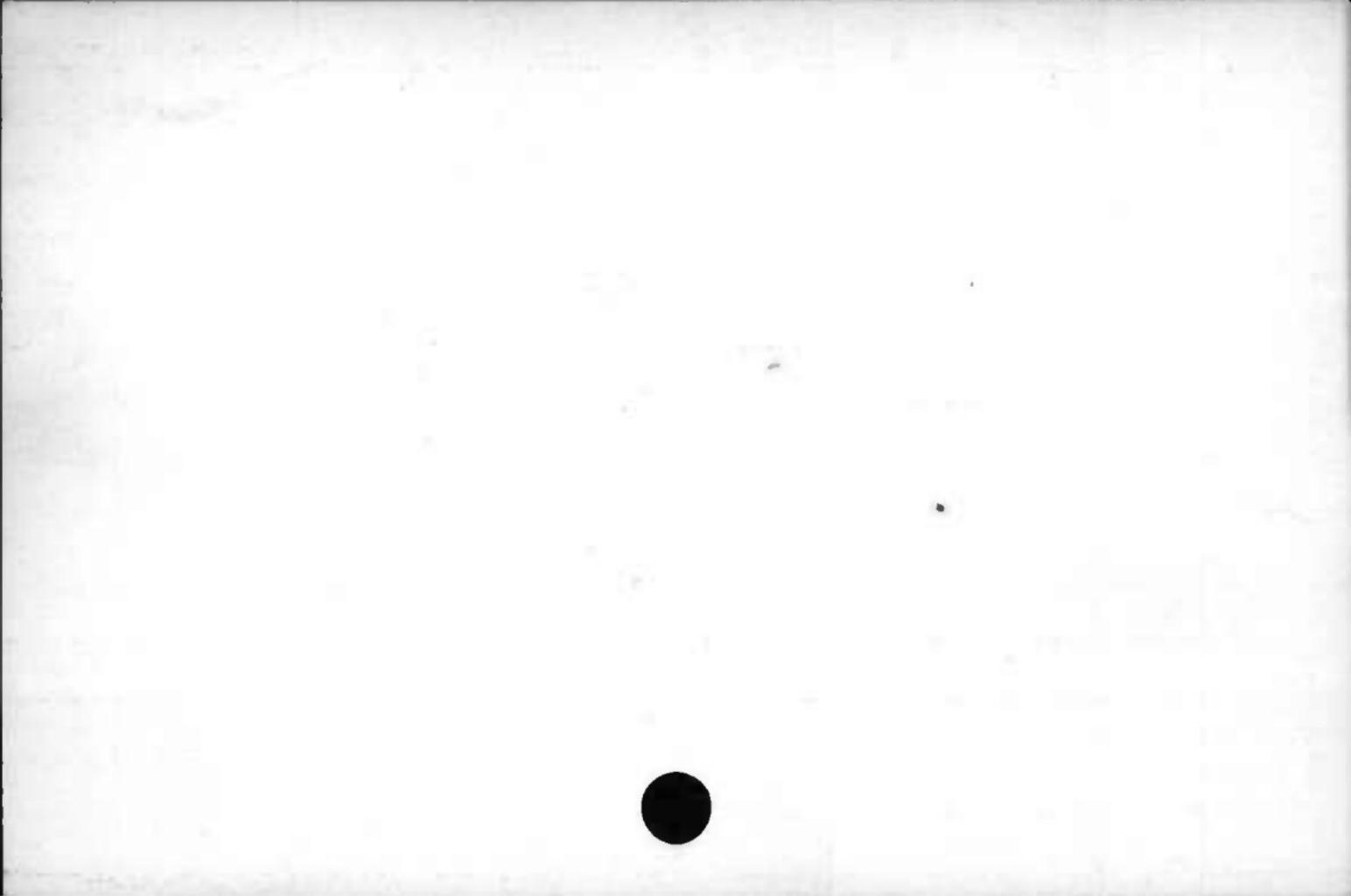
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	
Shair		2 · 9	
Date of death	Month	Day	Years
1906	2	27	12
Age	Months	Days	
	9	27	
Sex	male	Color or Race	Black
Occupation	Scholar	Where Residing if not at place of death	Shair
Married, Single or Widowed	Single	Name of Wife or Husband	-
Father's Name	John Broadcoax	Father's Birthplace	Bethelville
Mother's Maiden Name	Suey Nelson	Mother's Birthplace	Nye Mills
Name of person giving information	John Broadcoax	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	16 months
Immediate	Exhaustion		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	72	Signature of Physician	Address	J. M. Broadcoax MD Bethelville 2 · a. leo
Accident or Suicide?	no			



Name
in
Full

No name Brown (m/f)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Died at	chester		Q. a.		
Date of death	1906	Month	Day	Years	Months
Sex	Female		Color or Race	Hours	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name	W.R. Brown		Father's Birthplace	Kent Island Md	
Mother's Maiden Name	Susan E. Porter		Mother's Birthplace	"	
Name of person giving Information	W.R. Brown		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth		(15)	How long
Immediate	Exhaustion			How long
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Percy Kemp
			Address	St. Georges, Md.
Accident or Suicide?				



Name
in
Full

Mrs Maine Brown M.M.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Chester		County	MARYLAND	
Date of death	1906	Month Feb	Day 17	Age	Years
Sex	Male	Color or Race	Occupation		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	W. R. Brown		Father's Birthplace	Key Island, Md.	
Mother's Maiden Name	Susan E. Porter		Mother's Birthplace		
Name of person giving information	W. R. Brown		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth (5)

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Cherry Kemp
Stevensville
Md

Accident or Suicide?



Name
in
Full

Edwige Spencer Clough.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

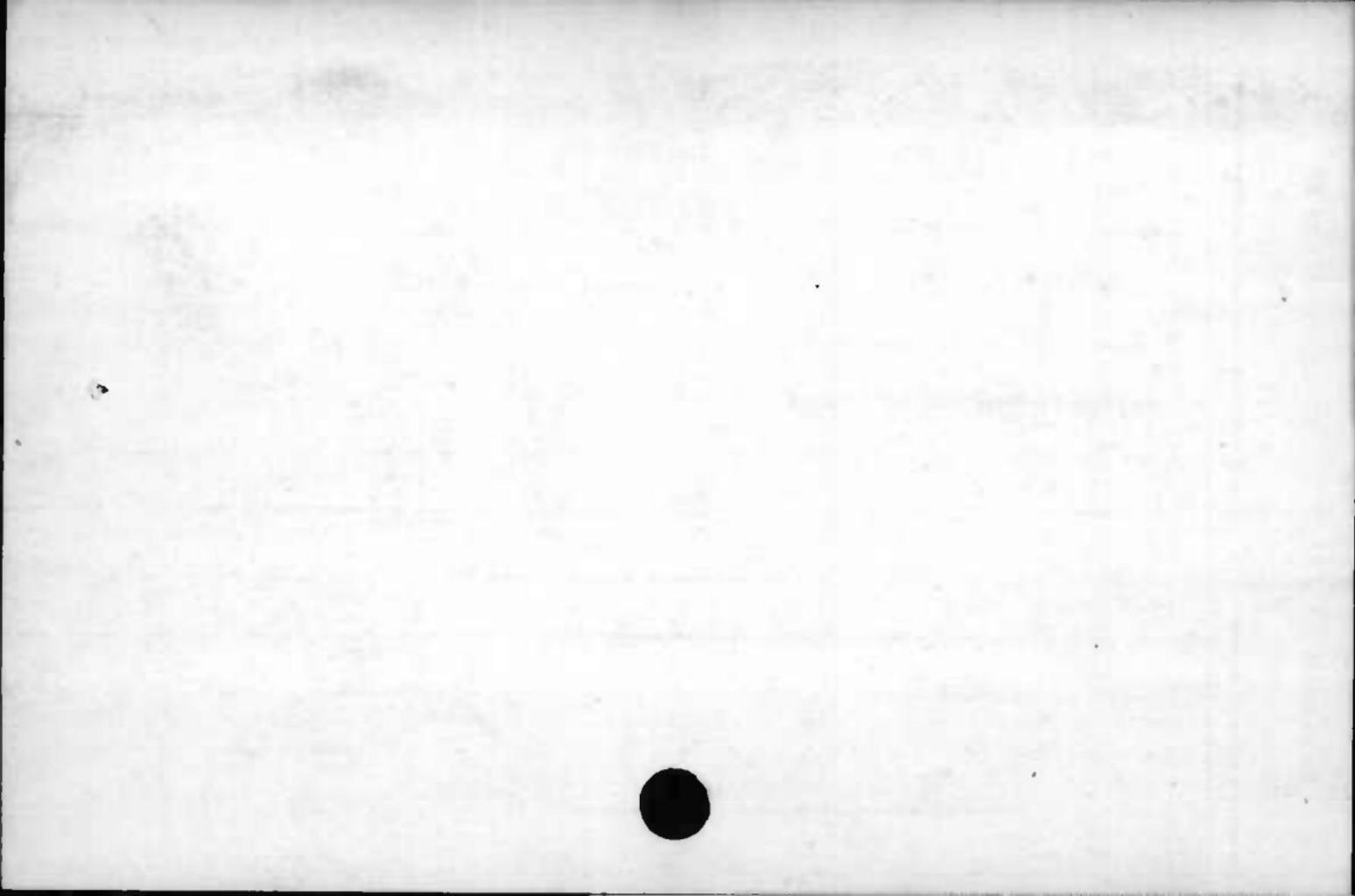
Died at	Town	Queen Anne	County	Queen Anne		
Date of death	Month	1906	Day	14	Years	1
Sex	Color or Race	Male	White	Months	0	Days
Occupation				Birth-place	Queen Anne Co.	
Married, Single or Widowed				Where Residing if not at place of death		
Father's Name	J. H. Clough			Father's Birthplace	Queen Anne Co.	
Mother's Maiden Name	E. Lola Nichols.			Mother's Birthplace	Queen Anne Co.	
Name of person giving information	R. J. Clough			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis Pneumonia		How long	6 weeks
Immediate	Convulsions		How long	4 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. F. Miller	
		Address	Hillsboro Md.	

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stevensville</u>		Town	County <u>Dorchester</u>		MARYLAND		
Date of death	1906	Month <u>Feb</u>	Day <u>11</u>	Years —	Months —	Days —	
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Stevensville Md</u>					
Occupation <u>Infant</u>	Where Residing if not at place of death <u>Gros Point New Castle</u>						
Married, Single or Widowed	Name of Wife or Husband <u>Ella Harvey</u>						
Father's Name <u>John L. Conway</u>	Father's Birthplace <u>Delaware</u>						
Mother's Maiden Name <u>Ella Davis</u>	Mother's Birthplace <u>Delaware</u>						
Name of person giving information <u>Miss Robert Braun - Wrenn Hess</u>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

(15)

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Lewis Henry
Stevensville Md

Accident or Suicide?



Name
in
Full

James Elliott

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Perry Neck</u>		Town	County <u>2 a m</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>2</u>	Day <u>19</u>	Age <u>1</u>	Years <u>1</u>	Months <u>6</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>			Birth-place <u>Zabro</u>	<u>1 1 1</u>	
Occupation <u>—</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Danl Elliott</u>	Father's Birthplace <u>Talbot</u>					
Mother's Maiden Name <u>Laura Brown</u>	Mother's Birthplace <u>Zabro</u>					
Name of person giving information <u>Dane Elliott</u>	How related to deceased <u>Foster</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

La Suff

(10)

How long

3 month

How long

Immediate

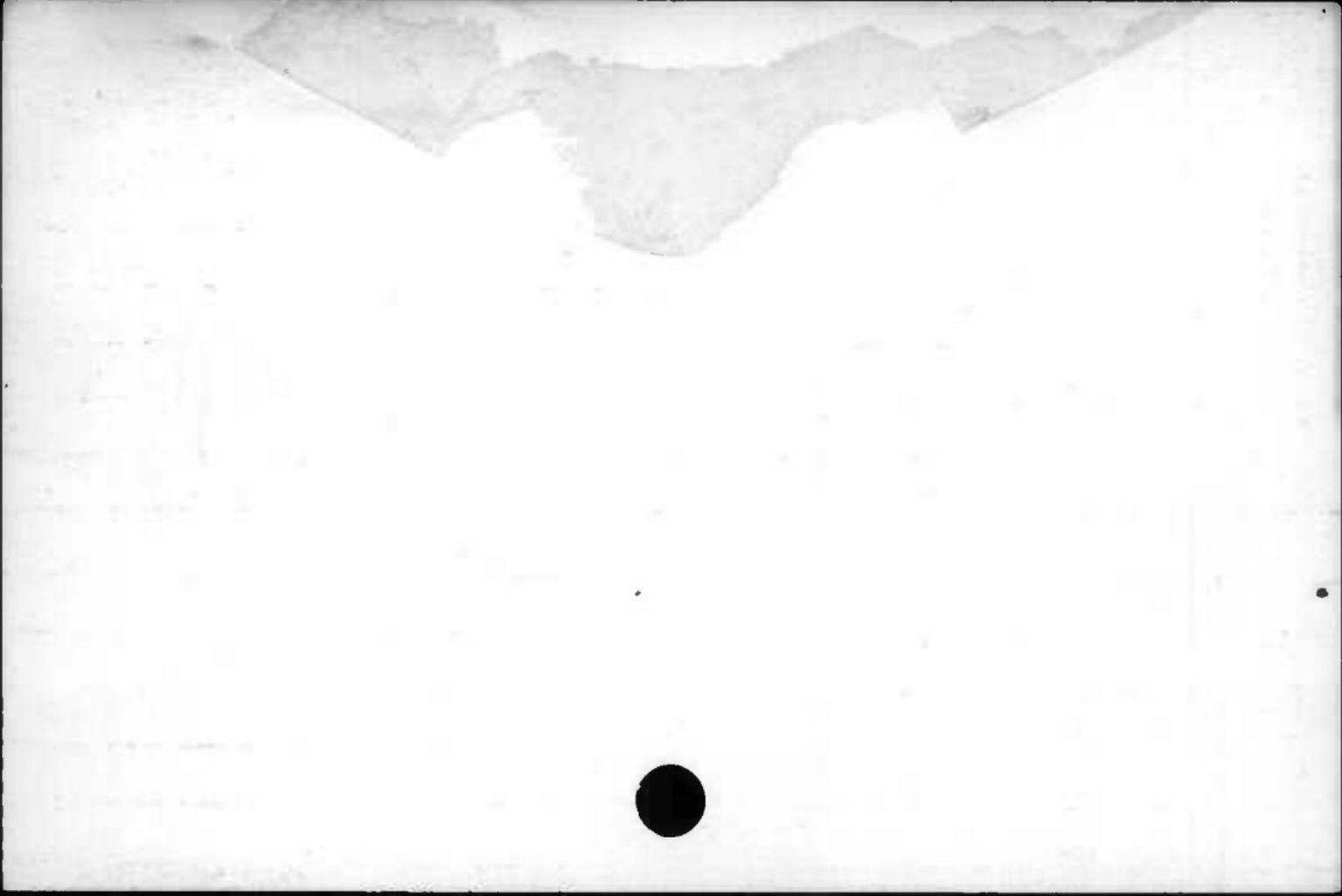
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

W. C. Brown
undulaster

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Aurie Fallowfield				CERTIFICATE OF DEATH			
Died at	Town	County			MARYLAND		
Date of death 190	Month 2	Day 29	Age 45	Years 45-	Months 11	Days	
Sex Female	Color or Race White	Birth-place Md					
Occupation Lady	Where Residing if not at place of death Della Fallowfield						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Robert Young	Father's Birthplace					
Mother's Maiden Name	Revercas Reed	Mother's Birthplace					
Name of person giving information	Emma Hobart	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

(21)

How long

3 years

Immediate

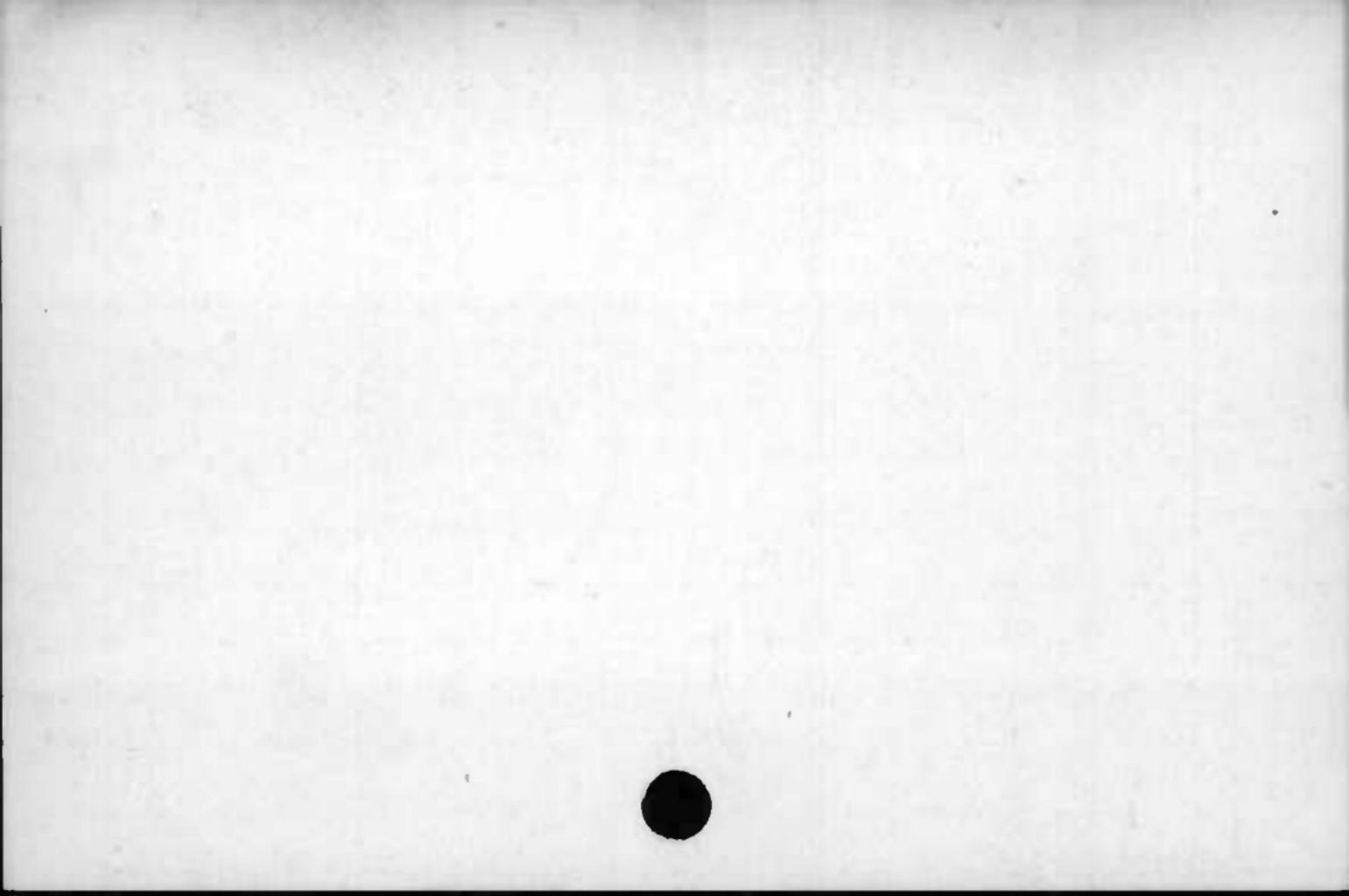
Lashbrook
Englewood

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?



Name
in
Full

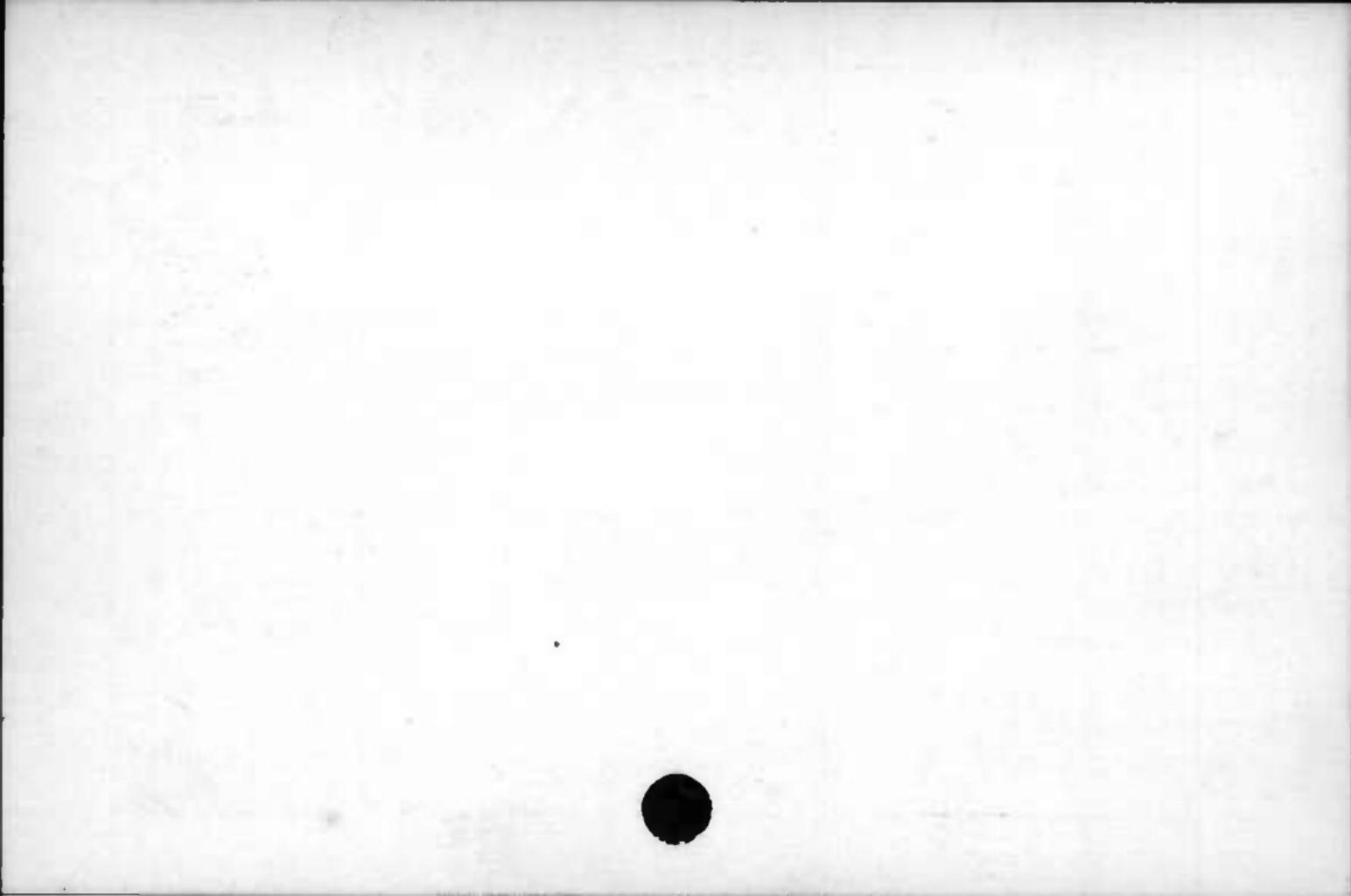
Valuable Level Dancer 2/17/IX.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1906	Month 2	Day 5	Age	Years	Months 1	Days 14
Sex Male	Color or Race Black	Birth-place Queen Anne 35.	at home			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	James C. Doney					
Mother's Maiden Name	Rachel Wright					
Name of person giving information	James C. Doney					
CAUSES OF DEATH						
Primary	Pneumonia					
Immediate	Exhaustion					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Address	
Yes			Mary J. Elliott, Midwife		Chesapeake	
Accident or Suicide?					Maryland	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Henry Magee

Town

County

MARYLAND

Died at

Crumpton

Queen Anne

Date
of death

190

Month

Feb

Day

5-ct

Years

53

Months

Don't know

Days

Don't know

Sex

Male

Color or
Race

White

Birth-
place

Don't know

Occupation

Don't know

Where Residing if not
at place of deathMarried, Single
or Widowed

Don't know

Name of Wife or
HusbandFather's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
Information

Mrs Shuster

(20)

How related
to deceased

Not related

CAUSES OF DEATH

Primary

Chronic Intercstitial Nephritis

How long

6 mos

Immediate

Arenia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

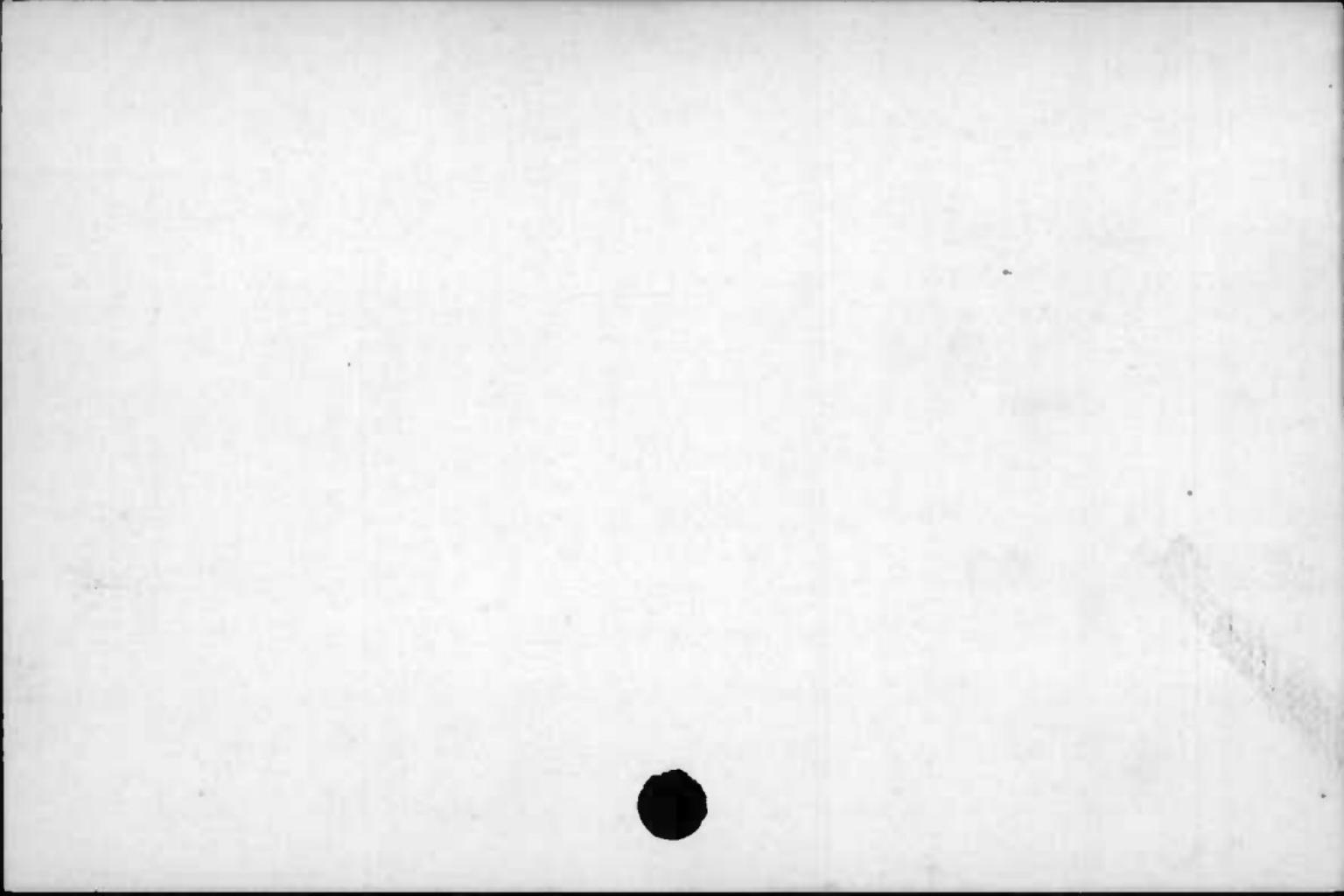
Yes

Signature of
Physician

Address

Geo W. Betson Jr., M.D.
Crumpton, Md.

Accident or Suicide?



Name
in
Full

James L Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Washington 2 a Co
Town County

MARYLAND

Date of death	Month	Day	Years	Months	Days
1906	2	20	40		

Sex	French	Color or Race	White	Birth-place	2 a Co
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Occupation	Horse Trainer	Where Residing if not at place of death
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Married, Single or Widowed	Widow	Name of Wife or Husband
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Father's Name	Father's Birthplace
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Mother's Maiden Name	Mother's Birthplace
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Name of person giving information	How related to deceased
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CAUSES OF DEATH

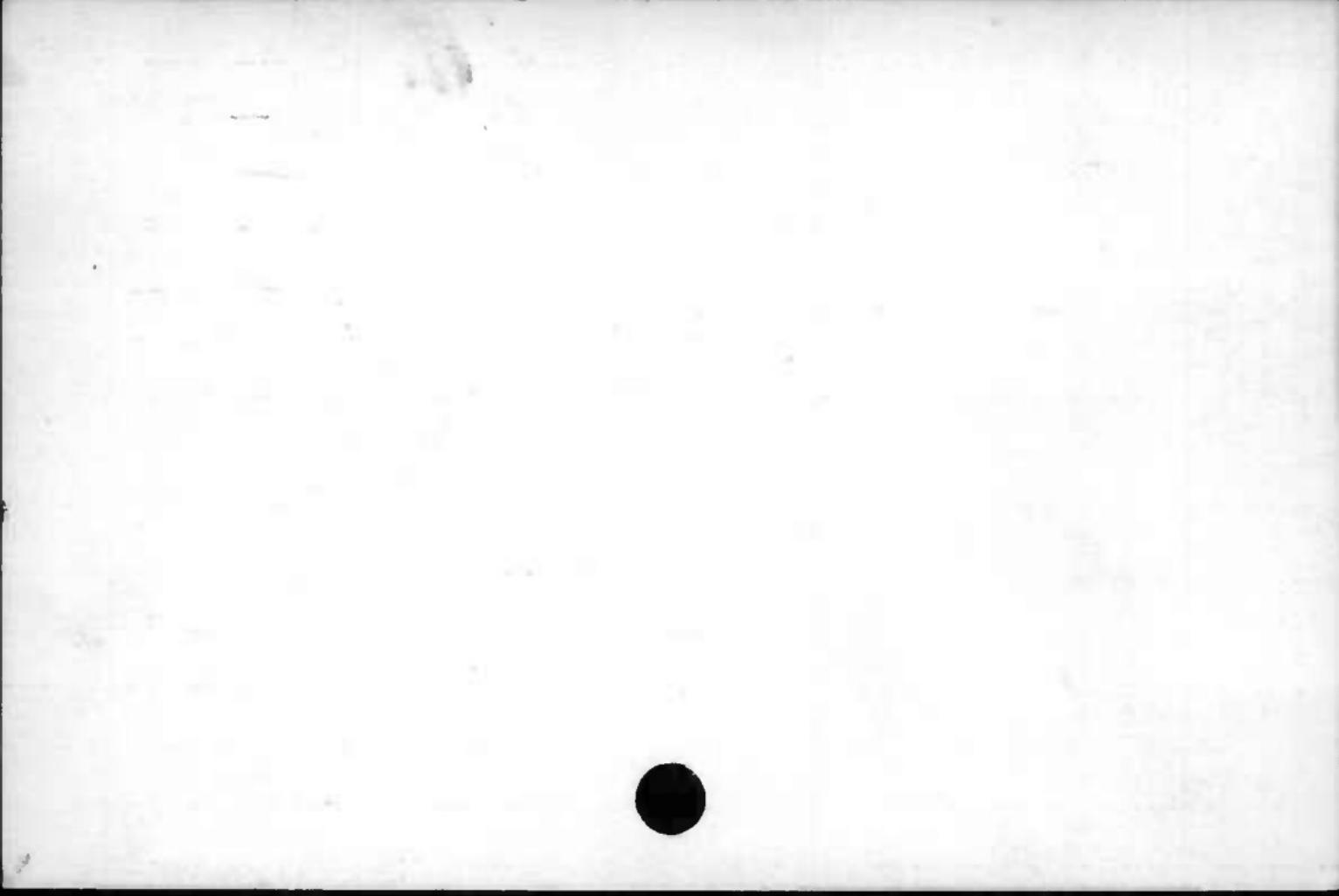
PHYSICIAN
OR CORONER

Primary	Consumption	How long	1st year
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Immediate	11	How long	2d
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Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
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Accident or Suicide?		21 In Charge of Washington
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Name
in
Full

William Thomas Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Church Hill	Town	Queen Anne's	County	MARYLAND					
Date of death	1906	Month	Feby	Day	17 th	Age	76 years	Months	Days	
Sex	Male	Color or Race	white	Birth-place	England					
Occupation	Show Worker		Where Residing if not at place of death	Anne Mary Nichols						
Married, Single or Widowed	Married	Name of Wife or Husband	Jane Mary Nichols		Father's Birthplace	England				
Father's Name	William Nichols		Elizabedt Morten		Mother's Birthplace	England				
Mother's Maiden Name	Elizabeth Morten		Anne Mary Nichols		How related to deceased	Wife				
Name of person giving information										

CAUSES OF DEATH

Primary

Hemiplegia
Ex hæmorrhage

(64)

How long

2 weeks

Immediate

How long

3 hours

Are the name, age, sex, color, date and place correctly given above?

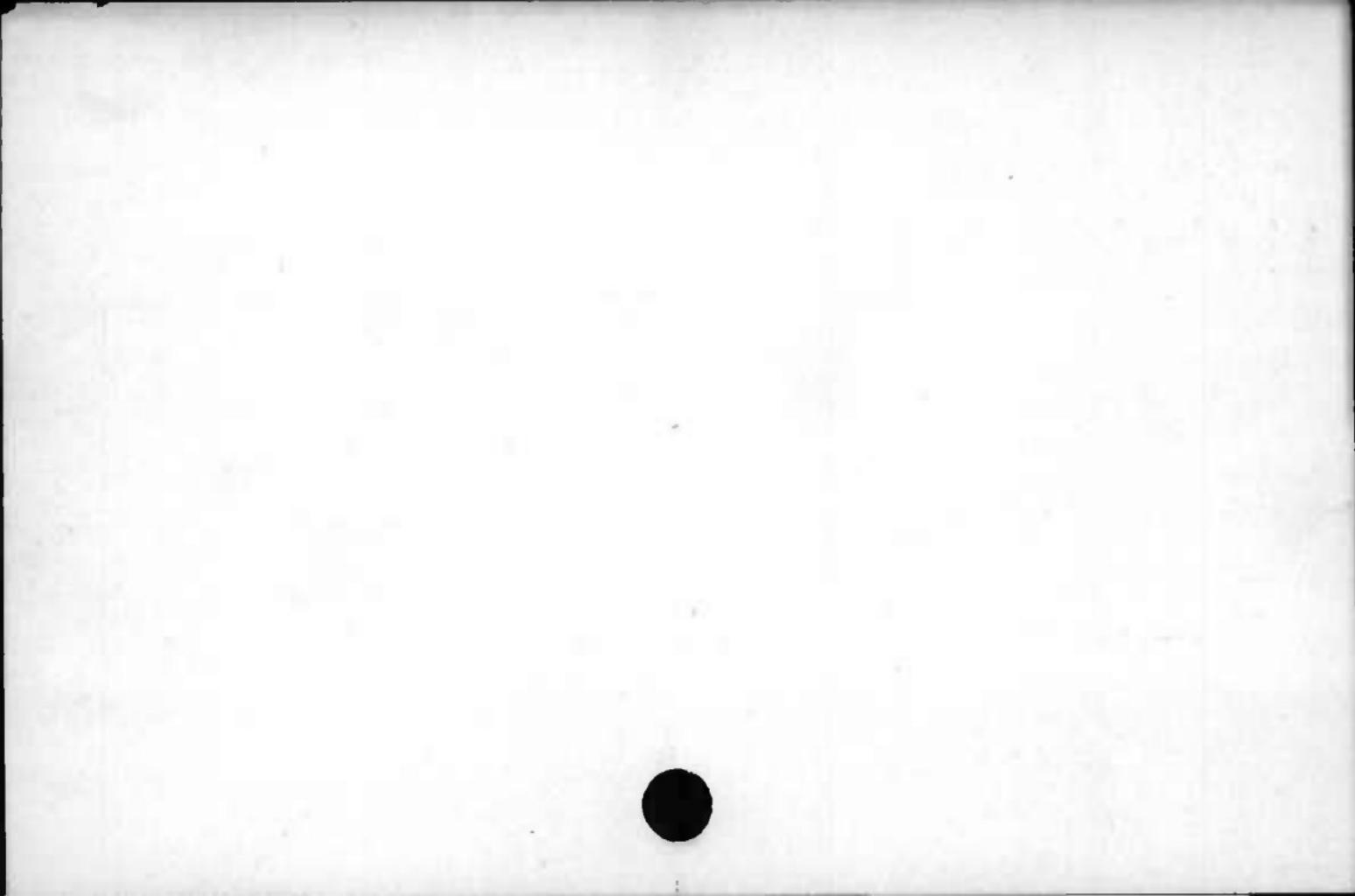
Yes

Signature of Physician

Address

N. S. Deady
Church Hill
Maryland

Accident or Suicide?



Name
in
Full

William Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Templeville</u>		Town	<u>D. A. Co.</u>	County	MARYLAND	
Date of death	1906	Month Feb.	Day 7	Age 90	Months 2	Days -
Sex	Male	Color or Race	White	Birth-place	<u>D. A. Co., Md.</u>	
Occupation	<u>Farmer</u>		Where Residing if not at place of death	-		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	-			
Father's Name	<u>Coursey Phillips</u>			Father's Birthplace	<u>Md.</u>	
Mother's Maiden Name	<u>Annie Bush</u>			Mother's Birthplace	<u>Md.</u>	
Name of person giving Information	<u>Coursey Phillips</u>			How related to deceased	<u>Son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic nephritis

(120)

How long

8 weeks

Immediate

Thirst

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

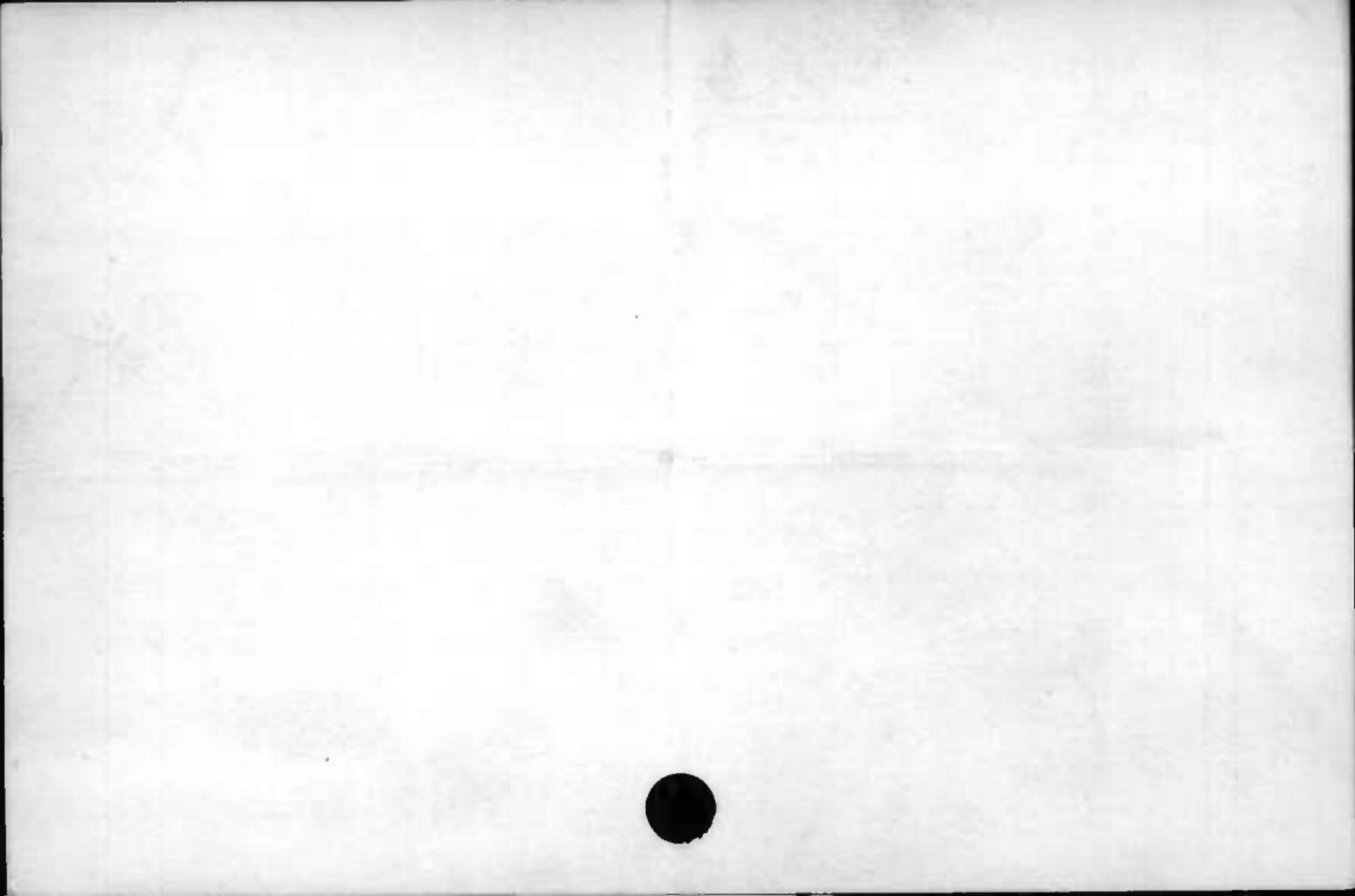
Signature of Physician

H. W. B. Row, M.D.

Address

Templeville, Md.

Accident or Suicide?



Name
in
Full

Henryard Quillian

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Indian Town		Town	County		MARYLAND	
Date of death 1906	Month 7	Day 22	Age	Years	Months 6	Days 4
Sex male	Color or Race	White		Birth-place Indian Town MD		
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Reverdy Quillian		Father's Birthplace 2d. Co MD			
Mother's Maiden Name	Bertie Morris		Mother's Birthplace Delaware			
Name of person giving information	Reverdy Quillian		How related to deceased Father			
CAUSES OF DEATH						
Primary	Double Labor Pneumonia		How long 7 days			
Immediate	Heart Failure		How long 1 day			

Are the name, age, sex, color, date and place correctly given above?

yes

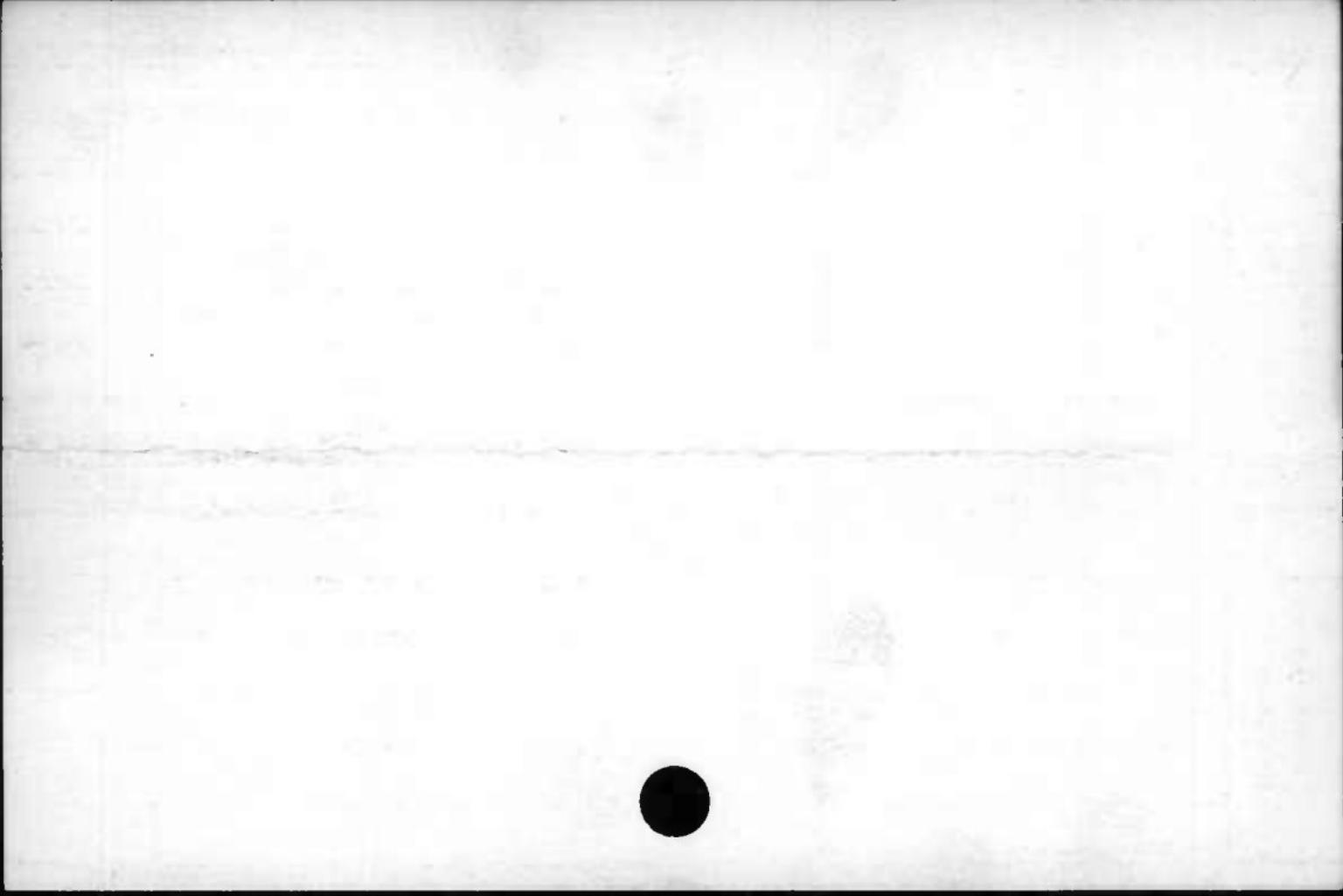
Signature of Physician

J. W. Drane MD

Address
Culicorelle
Tazewell Co

Accident or Suicide?

no



Name
in
Full

Child

Town

Near Barclay

Ridgman / by M/

County

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Near Barclay Date of death 1906 Month 2 Day 17 Age slice Born Years Months Days

Sex Male

Color or Race

Black

Birth-place

Near Barclay

Occupation

Where Residing If not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Waller Kidgman

Father's Birthplace

Kings Co. Md

Mother's Maiden Name

Gannie Clark

Mother's Birthplace

Q. Q. " 11

Name of person giving
Information

Waller Kidgman

How related
to deceased

Father

CAUSES OF DEATH

Primary

No Physician

How long

Immediate

slice Born

How long

Are the name, age, sex, color, date
and place correctly given above?

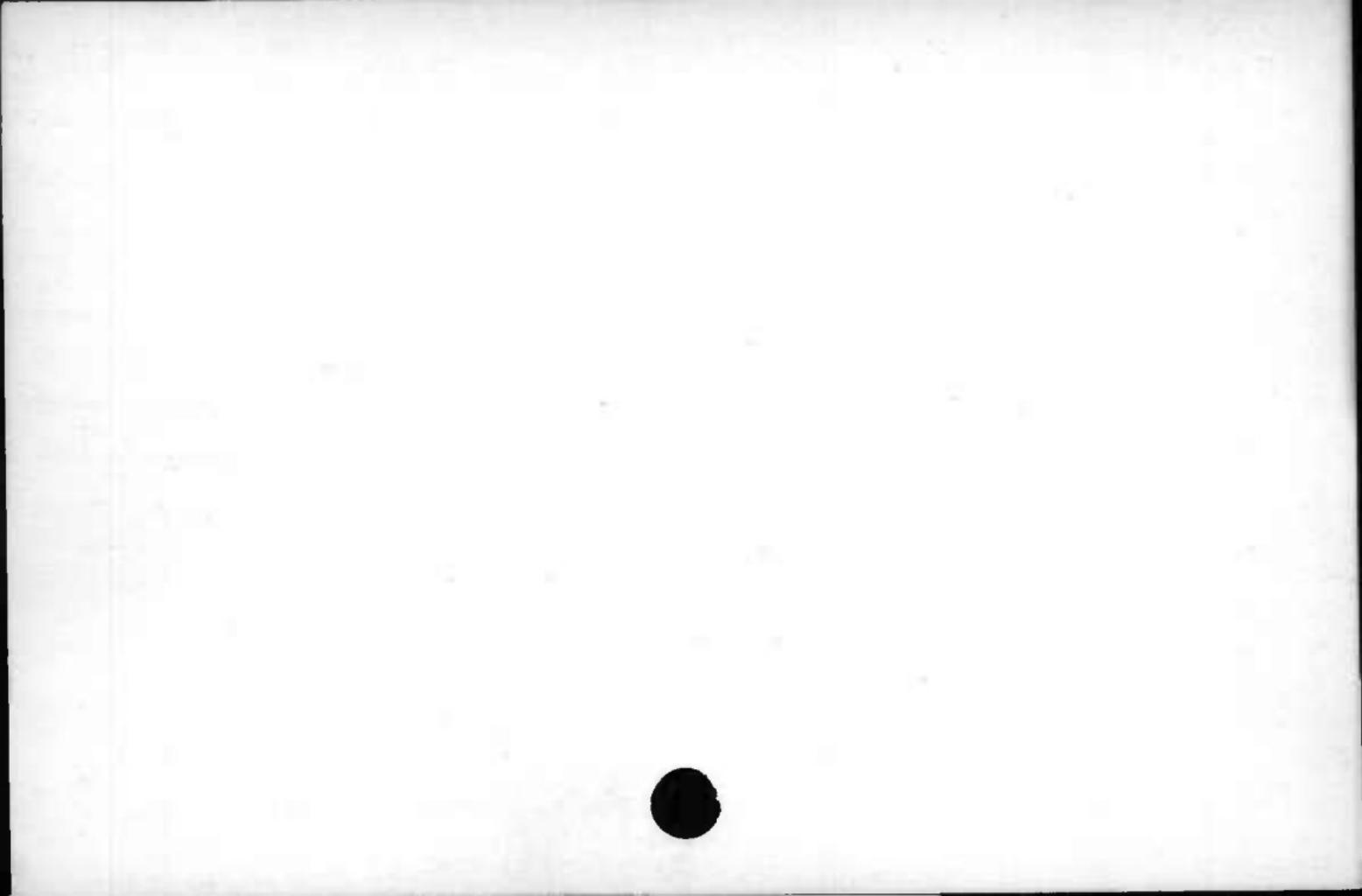
Signature of
Physician

Address

Waller Kidgman
Budensville Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at	Town	County			
Sex	Month	Day	Age	Years	Months
Occupation	Color or Race	Birth-place			
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death			
Father's Name	Chas Stewart			Father's Birthplace	Suew Haven Co
Mother's Maiden Name	Ida Salasboroy			Mother's Birthplace	Suew Haven Co
Name of person giving information	My John H. Neffnoca			How related to deceased	No one
CAUSES OF DEATH					
Primary	(19)			How long	1 week
Immediate	(19)			How long	1 hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. S. Dudley		
Address	Church Hill Md.				
Accident or Suicide?					

-✓2

Name
in
Full

Elijah Thompson 2/17/18

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Booker's wharf	County	MARYLAND
Date of death	Month Feb	Day 4	Years Age
Sex Female	Color or Race white	Birth- place J. A. Co	Months 8
Occupation	Where Residing if not at place of death J. A. Co		
Married, Single or Widowed	Name of Wife or Husband	Father's Name James Thompson	Father's Birthplace J. A. Co
Mother's Maiden Name Georgiana Dill	Mother's Birthplace J. A. Co	Name of person giving Information James Thompson	How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Inherited throat trouble

() How long

one day

Immediate Convulsions

() How long

one day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

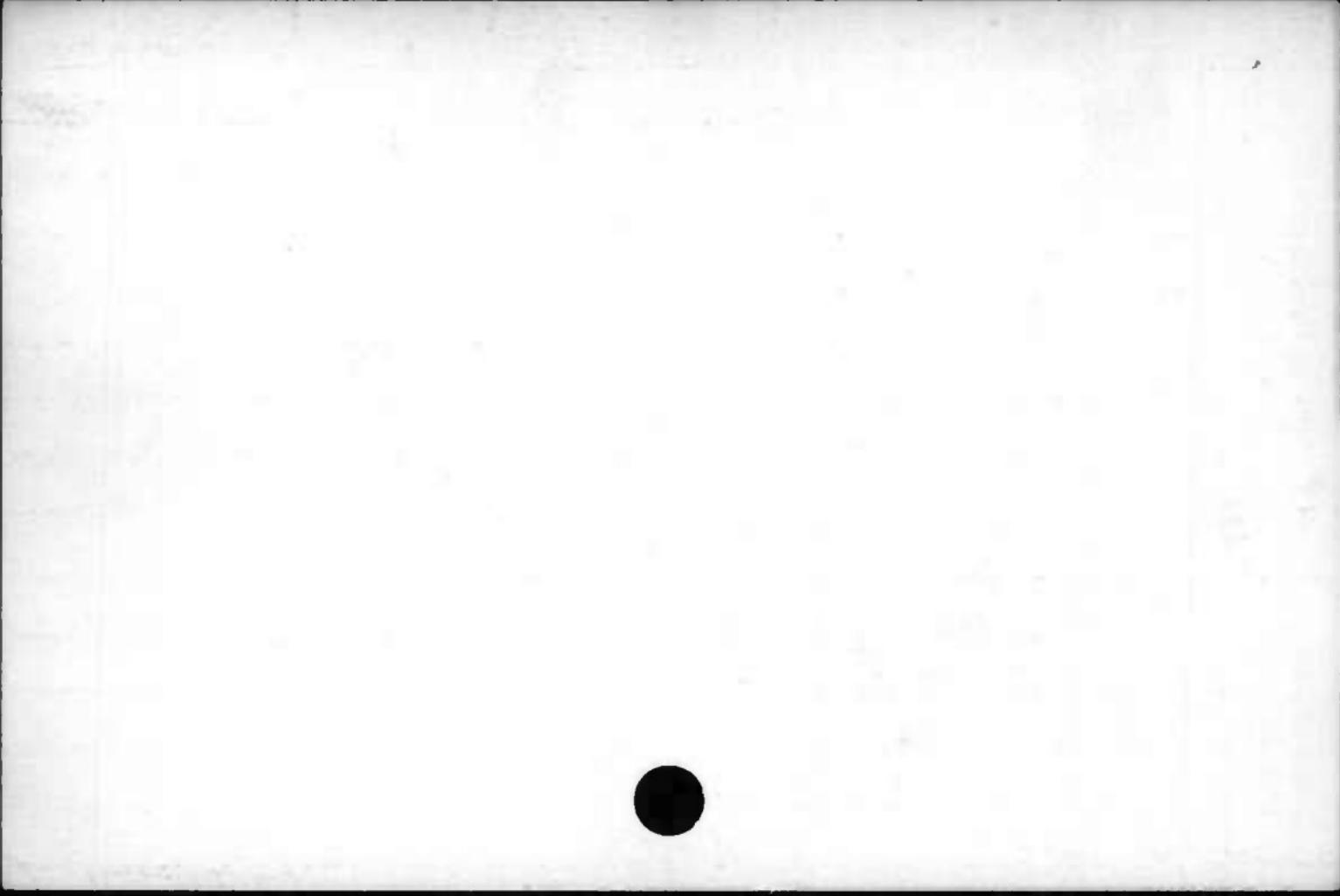
Address

No Dr.

Centreville
Md

Accident or Suicide?

Jos. J. D. Brown
Undertaker



Name
in
Full

Mary R Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Ch Barclay	
Married, Single or Widowed	Name of Wife or Husband	David Wallace			
Father's Name	Hermes Pearce			Father's Birthplace	Maryland
Mother's Maiden Name	do 1901 - K. w.			Mother's Birthplace	
Name of person giving information	(59)			How related to deceased	
CAUSES OF DEATH					
Primary	General Debility -			How long	
Immediate	Heart -			3 days	

PHYSICIAN
OR CORONER

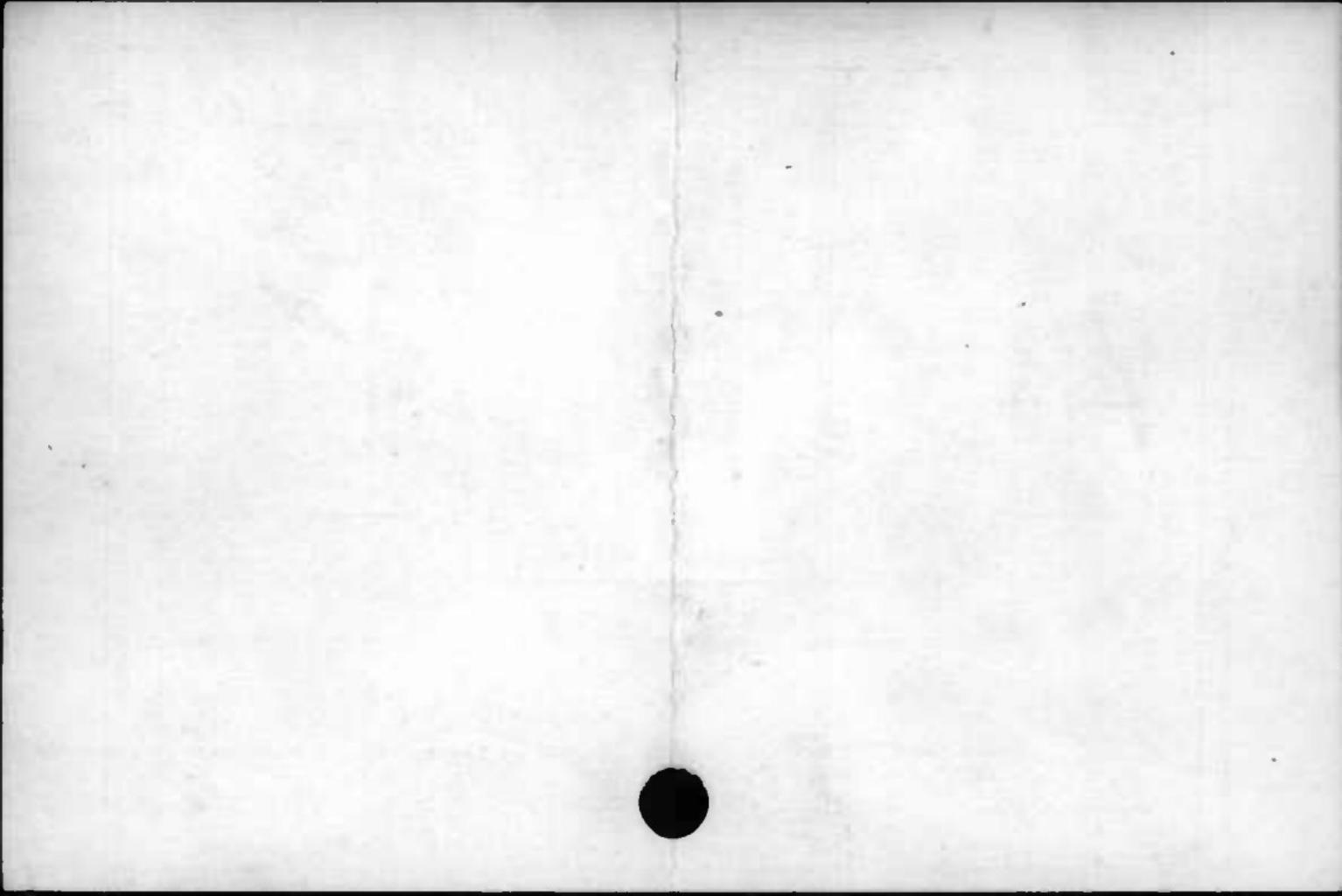
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frosty Suds
Sudsonville
Md

Accident or Suicide?



Name
in
Full

White

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
Date of death 1906	Month Feb.	Day 27	Years 1	Months	Days 11	
Sex Male	Color or Race	White		Birth-place	Queen Anne's Co., Maryland	
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	Tobert White			Father's Birthplace		
Mother's Maiden Name	Mrs. White			Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Measles	(6)	How long
	Immediate	Pneumonia	(6)	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	N. M. Peter	
		Address	Willington, Md.	
Accident or Suicide?				

